

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	/
2							52	/
3							53	/
4							54	/
5							55	/
6							56	/
7							57	/
8							58	/
9							59	/
10							60	/
11							61	/
12							62	/
13							63	/
14							64	/
15							65	/
16							66	/
17	/						67	/
18							68	/
19							69	/
20							70	/
21							71	/
22							72	/
23							73	/
24							74	/
25							75	/
26							76	/
27		2					77	/
28		2					78	/
29		2					79	/
30		2					80	/
31		2					81	/
32		2					82	/
33		1					83	/
34		1					84	/
35		2					85	/
36		2					86	/
37		2					87	/
38		2					88	/
39		2					89	/
40		2					90	/
41		2					91	/
42		2					92	/
43		2					93	/
44		1					94	/
45		2					95	/
46	/						96	/
47		1					97	/
48		1					98	/
49		1					99	/
50	/						100	/
TOTAL IND.	11						TOTAL IND.	
TOTAL DEP.	38						TOTAL DEP.	
TOTAL CLAIMS	89						TOTAL CLAIMS	